United Nations E/ICEF/2018/P/L.3

Economic and Social Council

Distr.: Limited
22 December 2017
English
Original: Arabic/English/French/Spanish

For decision

United Nations Children's Fund
Executive Board
First regular session 2018
6–8 February 2018
Item 6 of the provisional agenda*

Country programme document

Mauritania

Summary

The country programme document (CPD) for Mauritania is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $13,815,000 from regular resources, subject to the availability of funds, and $45,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2018 to December 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2018.

* E/ICEF/2018/1.

18-00289X (E) 090118

Please recycle

Programme rationale

1. Located between the Sahara and the Sahel, Mauritania has experienced recurrent shocks in recent decades, including drought and the impact of the crisis in Mali, resulting in population movements and intense urbanization. The population is estimated at around 3.8 million people, mainly concentrated in the capital, Nouakchott (26 per cent), and the southern part of the country.[1] Urbanization has resulted in significant pressures on social services and weakened traditional social protection mechanisms, impacting children's rights. Although the country underwent sustained economic growth in recent years, which contributed to its graduation to lower middle-income country status, increased wealth has not been equally distributed nor sufficiently reflected in national budgetary allocations to social sectors.

2. A child vulnerability map developed with UNICEF support showed that more than one quarter of Mauritanian children lived in absolute poverty[2] and one third were exposed to risks of drought and flooding, leading to food insecurity and severe acute malnutrition (SAM).

3. Between 2000 and 2015, the under-five mortality rate declined from 113 to 84 per 1,000 live births[3] and the rate of exclusive breastfeeding increased from 26 to 41 per cent.[4] Around one third of pregnant women do not attend four antenatal consultations and only 7 per cent of newborns benefit from a postnatal visit during the first week of life. Four out of five children are not fully vaccinated before their first birthday, and approximately two thirds of children with diarrhoea do not receive oral rehydration. Persistently high maternal, infant and child mortality indicators, particularly for neonatal mortality and global acute malnutrition, show that increased investments are needed in health-system capacity, including at the community level.

4. Recurring nutritional crises have a particularly severe impact on vulnerable children in the most-deprived regions in the centre of the country (known as the Aftout area) and in the Mbera refugee camp, which hosts some 52,000 Malian refugees, including 28,000 children.[5] Since 2012, the arrival of refugees has increased pressure on already scarce resources, causing occasional tensions between the refugees and host communities.

5. Key bottlenecks in health care include a lack of qualified personnel in rural areas; shortages of essential drugs and equipment; inadequate community-level management of childhood illnesses; weak community mobilization and communication strategies to accompany service provision; and limited availability of care and information tailored to adolescents' needs. On the demand side, persistent sociocultural barriers prevent the adoption of optimal practices for feeding infants and young children and good hygiene and sanitation, exacerbating already low nutritional indicators.

6. Substantial progress has been made in water, sanitation and hygiene (WASH): access to drinking water increased from 53 per cent in 2011 to 62 per cent in 2015, and access to basic sanitation rose from 32 per cent in 2011 to 41 per cent in 2015.[6] However, 2 per cent of children continue to use surface water, 38.8 per cent of the population still practise open defecation[7] and two out of five children lack access to any form of toilet. Only 47 per cent of health centres and 33.2 per cent of schools are adequately equipped with WASH infrastructure. As a country that is primarily desert and affected by climate change, Mauritania is experiencing increasing stress on its scarce water supply, particularly in

[1] Demographic projections on the basis of the General Census on Population and Habitat (GCPH) 2013.
[2] Exposure of children to two or more severe deprivations, according to the Gordon Approach (Bristol). These are related to the rights to adequate housing, education, drinking water, sanitation and information.
[3] Inter-agency Group for Child Mortality Estimation.
[4] Multiple Indicator Cluster Surveys (MICS), 2011 and 2015.
[5] Office of the United Nations High Commissioner for Refugees, 2017.
[6] MICS 2011 and 2015.
[7] MICS 2015.

rural areas. Collecting water remains the responsibility of women, who on average walk more than 30 minutes to reach a water source. The WASH sector requires strengthened coordination, technical capacity and monitoring and evaluation mechanisms, as well as adequate funding.

7. Children and adolescents in Mauritania are exposed to various forms of violence, exploitation and abuse. Forty-one per cent of children under 5 years of age are not registered at birth[8] due to low awareness of the importance of registration, long distances to reach services and lengthy procedures. The deprivation of this right affects mainly children in the lowest wealth quintiles (60 per cent not registered) and those living in rural areas (53 per cent not registered). Despite efforts during the last decade, female genital mutilation/cutting (FGM/C) is still widespread: 53 per cent of girls aged 0–14 years and 62 per cent of girls aged 15–19 years have undergone at least one form of FGM/C. The highest rates were recorded among the poorest girls (90 per cent in the bottom quintile) and certain ethnic groups. Child marriage is also widespread: 37 per cent of married women aged 20–24 years were married before reaching the age of 18 years. These challenges persist due to social norms, deeply rooted cultural practices and poor geographical coverage of protection services.

8. The violent disciplining of children remains widespread, regardless of the child's gender and independent of urban or rural residence. Eighty per cent of children under the age of 14 years have experienced disciplinary methods involving physical and/or psychological violence by their families. Child labour affects both girls and boys and is most commonly associated with family poverty, school dropout and poor learning outcomes. Thirty-seven per cent of children aged 5–17 years are working, 26 per cent of them in hazardous conditions.[9] Risks for child refugees are heightened by the Mbera camp's proximity to the conflict zone in Mali, which exposes them to the risk of enlistment by foreign armed groups.

9. In 2005, Mauritania adopted a juvenile justice code. While several provisions have been made for its implementation, enforcement has proceeded slowly due to the limited capacity of the juvenile justice service, an insufficient number of lawyers and social workers and limited civil registration, which complicates determining a child's age.

10. Just 12 per cent of children aged 3-5 years attend preschool, with significant disparities between urban (19.5 per cent) and rural areas (6.2 per cent).[10]

11. Retention rates for primary education have improved, and completion rates for students reaching their sixth year rose from 59 per cent in 2008 to 80 per cent in 2015. Despite this progress, universal education as reflected in Millennium Development Goal 2 was not achieved by 2015. Slightly more than half of primary-school-age children (6–11 years) attend school; attendance is higher among girls than boys (54 versus 50 per cent) and higher in urban areas than rural (64 versus 43 per cent).[11] The learning achievement analysis report for pupils in the third and fifth years of primary school indicates that the evaluation test pass rate remains below expectations (less than 40 per cent of expected standards).

12. Only 34 per cent of children aged 12–15 years attend secondary school, where the gender parity index is 0.90. In 2014–2015, the national examination pass rates stood at 55.7 per cent for the secondary school entrance examination; 28 per cent at the secondary school level; and 12.19 per cent at the baccalaureate level.[12] In 2013, an estimated 183,389 children aged 6–17 years were out of school, including children in non-formal and

[8] Ibid.

[9] "Work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children", article 3 (d), International Labour Organization, Worst Forms of Child Labour Convention, 1999 (No. 182).

[10] MICS 2015.

[11] Ibid.

[12] Directorate of Strategy, Planning and Cooperation in the Ministry for National Education.

Koranic education.[13] Annually, 60,000 children drop out, and there are limited options for vocational training or remedial education leading to certification or a diploma.

13. The causal analysis of the education sector reveals several challenges: limited expenditure for implementation, monitoring and supervision, particularly at the subnational level; underperforming system management; poor utilization of school mapping; a shortage of qualified teachers; an insufficient number of early childhood facilities and a lack of adequate teaching equipment; low parental participation in community school management and a negative perception of school, which particularly affects girls' education.

14. Mauritania is party to the Convention on the Rights of the Child and the main international conventions on human rights. In 2014, the Government launched a national action plan to combat the vestiges of slavery. The universal periodic review was completed in 2015. The recommendations and follow-up mechanisms of these instruments have provided critical benchmarks in support of child rights monitoring. Nonetheless, systems and policies for analysing and responding to inequality, poverty and risks need to be strengthened, along with budgetary frameworks and coordination mechanisms.

15. Despite recent public debate in favour of improvements in the status of women, many obstacles still hinder the realization of girls' and women's rights. In 2014, Mauritania was ranked 152 out of 162 countries on the Gender Inequality Index. Women's low economic and political participation demonstrates the persistence of traditional roles. Mauritanian women and girls have little access to sustainable livelihoods, such as farmland, and limited control over their health and reproductive lives; one in four girls (one in three in rural areas) becomes a mother before the age of 18 years.[14] Early pregnancy poses risks to the health and education of teenage girls.

16. Evaluations conducted during the 2012–2017 programme cycle revealed a lack of synergy among initiatives focusing on children aged 3–5 years, especially in education, protection and communication for development (C4D), which reduced the expected impact on early childhood development (ECD). An evaluation of the humanitarian response for nutrition illustrated that, as a country faced with cyclical nutritional crises, Mauritania needed to focus more on ensuring a multisectoral response, securing funding in the national budget and building community resilience.

17. Persistent challenges relating to community health, neonatal mortality and acute malnutrition; open defecation and access to drinking water; educational access, retention and quality, especially for out-of-school children; and FGM/C and child marriage remain priorities for the new country programme. Engagement in efforts to change harmful practices and social budgeting to support public finance reform will be key strategies for achieving equitable results for children.

Programme priorities and partnerships

18. The proposed country programme is fully aligned with the child-related results of the Government's Strategy for Accelerated Growth and Shared Prosperity (*Stratégie de croissance accélérée et prospérité partagée*) 2016–2030 and the United Nations Development Assistance Framework (UNDAF) 2018–2022. It focuses on reducing children's vulnerabilities and accelerating key results for children in line with national efforts to achieve the Sustainable Development Goals, the African Union's Agenda 2063, the UNICEF Strategic Plan, 2018–2021, and the United Nations integrated strategy for the Sahel.

[13] GCPH 2013.
[14] MICS 2015.

19. The programme's vision is that girls and boys, particularly the most vulnerable, will have improved opportunities to access and benefit from nutrition, health, education, drinking water and basic sanitation services, and to enjoy protection against all forms of violence, abuse and discrimination, thus reducing their exposure to multidimensional risks, poverty and inequality.

20. The overarching strategy is two-pronged. At the policy level, the programme will enhance the generation and use of evidence to better support advocacy, strategic programming, decision-making and the leveraging of resources for children. In close coordination with partners, it will support ministries to develop, implement, monitor and evaluate sectoral policies, plans and budgets. At the subnational level, the programme will contribute to implementing cross-sectoral, equity-focused interventions in priority geographical areas, which will be identified in close collaboration with the Government and other United Nations agencies, to address children's multiple deprivations and to document results and opportunities for bringing those interventions to scale.

Nutrition and health

21. The programme will support phase II of the National Plan for Health Development (2017–2020) and the 10-year multisectoral Nutrition Strategic Plan (2016–2025). It will foster better access to high-impact, high-quality health and nutrition services and the adoption of good health and nutrition practices. The focus will be upon building the capacity of health personnel to provide high-quality perinatal and neonatal care; establishing reproductive and sexual health services for adolescents, particularly girls; and improving immunization coverage in the lowest-performing districts. To strengthen health facilities and community structures in priority areas, medical supplies, drugs and equipment will be provided to ensure the adequate treatment of SAM, micronutrient deficiencies and childhood diseases. UNICEF will collaborate with the Ministry of Health and other partners, including Gavi, the Vaccine Alliance; the Global Fund to Fights AIDS, Tuberculosis and Malaria; and the H6 Partnership, to strengthen immunization and health systems and to implement national strategies for reproductive, maternal, neonatal, child and adolescent health. At the decentralized level, the programme will partner with the World Bank, the World Health Organization (WHO) and the Tadamoun National Agency, the Government's lead entity combatting the vestiges of slavery and poverty, to pilot and document (a) community health-system strengthening; (b) performance-based financing; and (c) universal health coverage through innovative strategies in the Hodh el Gharbi and Guidimakha regions.

22. To strengthen service demand, the programme will focus on women's associations and pregnant and breastfeeding women, including adolescent girls, to improve their engagement, knowledge and practices regarding essential newborn care, optimal infant and young child feeding and other areas of health, hygiene and sanitation.

Education

23. The programme will contribute to the implementation of the National Programme for the Development of the Education Sector 2011–2020. It will help to ensure that more public and community facilities in priority areas offer children aged 3–17 years better learning opportunities by: (a) strengthening the capacities of government and community stakeholders to offer children aged 3–5 years high-quality ECD programmes; (b) strengthening the capacities of central and subnational authorities and civil society to help children aged 6–14 years, particularly girls, to remain in school through improved learning opportunities; (c) contributing to the establishment of an intersectoral support system offering guidance to out-of-school children and options to help them to catch up, reinforcing vocational training opportunities and bringing the programmes and curricula of Koranic schools up to national standards. Combined efforts with the WASH and child protection components will encourage school attendance, particularly for girls, by building

teachers' capacities, improving WASH facilities at schools and enhancing community mobilization around the importance of girls' education.

24. As a key member of the Local Education Group and lead agency for the education sector under the UNDAF, UNICEF will support the implementation and monitoring of the Global Partnership for Education grant. In close collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP), UNICEF will continue to support high-quality basic education in the Mbera refugee camp and neighbouring host communities.

Child protection

25. The programme will support government efforts to ensure that more children, particularly the most vulnerable living in priority areas, are registered at birth and protected from violence, abuse, child marriage and FGM/C. It will strengthen national capacities to plan, budget, implement and coordinate a systemic response to effectively protect girls and boys. Together with partners, including the United Nations Population Fund (UNFPA), the European Union and Save the Children, UNICEF will build upon the country's newly adopted General Code for the Protection of Children to support the Government in updating and implementing the national strategies on child protection, FGM/C abandonment, ending child marriage and alternatives to detention for children in contact with the law.

26. The component will build the capacities of service providers and local stakeholders working in priority geographical areas to prevent, identify, refer, care for and monitor children at risk or who are victims of violence and abuse, including in emergency situations. It will also raise awareness and strengthen the capacity of adolescents, families, communities and religious leaders to encourage non-violent disciplinary measures, register children's births and renounce such practices as FGM/C and child marriage, while fostering their participation and engagement in such efforts. UNICEF will continue to support the Government in reporting to the Committee on the Rights of the Child and in implementing its concluding observations.

Water, sanitation and hygiene

27. Working with partners to support the Government to operationalize national WASH sectoral plans and focusing on the most-vulnerable populations in priority areas, the programme will seek to end open defecation, promote the adoption of good hygiene practices and improve sustainable and equitable access to drinking water services through: (a) capacity-building for WASH actors; (b) the promotion and maintenance of open-defecation-free villages; (c) low-cost hydraulic technologies; (d) the promotion of hygiene in communities, schools and health centres; (e) the provision of WASH facilities to schools and health centres; and (f) emergency response and preparedness. Implementation will be integrated with other sectors and supported by C4D activities aimed at stimulating demand and contributing to behavioural change. UNICEF will support the country's technical authorities, civil society organizations (CSOs) and targeted local communities to strengthen their planning capacities, reinforce service sustainability and enhance coordination within the WASH sector. To strengthen water security in targeted areas, the programme will capitalize on the experience of UNICEF with low-cost drilling; support the development of solar water pumping systems; and reinforce the involvement of women's cooperatives in household water treatment and safe storage. Advocacy work will focus on national policy regarding water provision and delivery to communities with fewer than 500 inhabitants.

Social inclusion

28. The programme will support the authorities responsible for the social sectors to ensure that children's needs and issues of equity and gender are adequately integrated into national policies, programmes and budgetary allocations. It will support the Government to implement the national development statistics strategy to generate and analyse stronger evidence and disaggregated data on inequality and the causes of child deprivation. This will be part of an effort to highlight the critical importance of investing in the social determinants of growth. Under government leadership, strategic partnerships will be strengthened to promote policy dialogue on social budgeting for children and support social protection mechanisms and initiatives aimed at fostering local governance, decentralization and community engagement. Partners will include the World Bank, the International Monetary Fund, the European Union, WFP, the Food and Agriculture Organization of the United Nations, the United Nations Development Programme, the United States Agency for International Development, the German Agency for International Cooperation and Save the Children.

29. Achieving the results of the country programme requires a commitment by the Government to harmonize national laws with international standards and ensure their enforcement; a commitment by the Government, UNICEF and key partners to mobilize the necessary resources; the engagement and willingness of relevant ministries to work in a coordinated manner; and a continued commitment from all parties concerned to implement, manage and adequately monitor interventions.

30. The worsening cyclical nutrition situation calls for simultaneous measures to foster multisectoral preparedness and response and the resilience of communities and systems, particularly in rural and poor peri-urban areas. In close coordination with the Government, UNHCR and WFP; bilateral and multilateral agencies; and non-governmental organizations (NGOs), UNICEF will continue both to support Malian refugees with integrated services and to strengthen interventions that benefit host communities in order to reinforce peaceful co-existence. The programme will also strengthen cross-border collaboration on education for refugee children and children associated with armed groups.

31. In line with the UNDAF and in collaboration with United Nations partners, the country programme will be implemented primarily in poor peri-urban areas of Nouakchott and selected deprived rural districts and communes in the central regions (Affout) with high poverty incidence and the Hodh El Chargui region, which is hosting Malian refugees. UNICEF and partners will implement a package of interventions aimed at helping to break the intergenerational cycle of multidimensional poverty, reduce inequality and address the development and humanitarian needs of children.

Programme effectiveness

32. This component will guarantee the effective design, coordination and management of the country programme and adequate support to meet programming standards and achieve best outcomes for children. The component will invest in the capacity-building of partners and internal staff around results-based management and budgeting, financial programme management and the human rights-based approach to programming. The full implementation of the harmonized approach to cash transfers will mainstream quality-assurance activities and strengthen the capacities of implementing partners, thus minimizing programme risks and ensuring that results are adequately monitored. C4D will be essential to improving the knowledge of rights-holders and duty-bearers to change behaviours that affect children's rights by addressing the consequences of harmful practices; promoting positive social norms; and generating demand for services. C4D will support sectoral interventions to generate public debate and awareness on child rights and foster participation by communities, children and adolescents. External relations will

further the engagement with the general public, Government, civil society, the media and opinion leaders, ensuring more strategic advocacy and partnerships.

33. The programme will draw upon cross-sectoral strategies to overcome identified bottlenecks and improve programme implementation. By programming for at-scale results, the country programme will build upon an equity-focused and risk-informed intersectoral approach to deliver better results for children, including at the sub-national level. Gender will be addressed as a central cross-cutting issue within the five programme components, with particular emphasis on adolescent girls' health; girls' education; and the elimination of child marriage and FGM/C. UNICEF will conduct high-level advocacy based on evidence (particularly on multidimensional poverty), budgetary analyses and investment cases to demonstrate the importance of improved strategies and increased financing for social sectors and child-friendly programmes. It will promote the use of such mobile technologies as U-Report to reach isolated populations, strengthen results monitoring and encourage participation by communities, children and young people. It will explore additional innovative partnerships with the private sector.

34. UNICEF will strengthen its strategic partnerships with government institutions at all levels as well as with universities, research institutes, technical and financial partners involved in social sectors, global initiatives and funds (e.g., Gavi, the Vaccine Alliance; Global Partnership for Education; Global Fund to Fight AIDS, Tuberculosis and Malaria; Scaling Up-Nutrition movement), national and international NGOs, CSOs, religious and community organizations, women's and children's organizations and the media. Building upon child-sensitive corporate social responsibility initiatives, partnerships with the private sector will be aimed at raising awareness about the situation of women and children and prompting supportive action. Collaboration with other United Nations agencies, which will be central under the new UNDAF, will foster complementarity, additional synergy, cost-efficiency and sustainability in convergence zones. Collaboration with WFP in Bassikounou and Kiffa will be maintained to optimize programme implementation, strengthen field monitoring and reduce operating costs.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and nutrition	2 053	15 907	17 960
Education	1 973	6 850	8 823
Child protection	1 992	4 580	6 572
Water, sanitation and hygiene	1 462	11 380	12 842
Social inclusion	2 000	2 250	4 250
Programme effectiveness	4 335	4 033	8 368
Total	**13 815**	**45 000**	**58 815**

Programme and risk management

35. The programme will be coordinated with the Ministry of Economy and Finance, which oversees cooperation with United Nations agencies, through the UNDAF steering committee and sectoral thematic groups. These coordination mechanisms will provide a framework for consultation with government departments and implementing and financial partners involved in national plans and UNDAF implementation. These mechanisms will

strengthen the joint planning and monitoring of results, increase transparency in funding and mitigate risks of overlap between United Nations and other partners.

36. Regarding potential external risks that could affect the achievement of the country programme's results, the situation analysis highlighted: (a) changes in the economic, social, political or security environment; (b) disasters triggered by natural hazards, climate change and or health-related outbreaks; and (c) decreased budgetary allocations to social sectors in case of slower economic growth and/or a reduction in international aid.

37. To mitigate these risks, the programme will develop a strong advocacy and resource mobilization strategy to support programme funding and leverage public and private investment for children. The programme will concentrate on priority areas, capitalizing on existing zone offices in Bassikounou and Kiffa to plan, coordinate and monitor interventions, provide technical support to implementing partners and strengthen quality assurance. Ongoing efforts to coordinate interventions related to recurring emergencies with the development programme will maximize results; optimize the use of resources; and strengthen both the resilience of vulnerable communities and social cohesion between refugees and the host population. The adoption of risk-informed programming, building upon the United Nations integrated strategy for the Sahel and the Capacity for Disaster Reduction Initiative, will enable the regular monitoring of risk levels and the timely adaptation of programme strategies to prepare for and respond to emergencies.

38. This CPD outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

39. The integrated monitoring, evaluation and research plan will serve as the frame of reference for programme monitoring and evaluation. The costed evaluation plan will support four major evaluations linked to: (a) the child protection system; (b) the community component of the infant and young child feeding strategy; (c) the social-inclusion component; and (d) the education component. Regular monitoring of key performance indicators, combined with annual and midterm reviews of the UNDAF, will measure progress towards the achievement of UNDAF and country programme results.

40. UNICEF, together with other United Nations agencies and partners, will support ongoing situation analysis and the monitoring of progress towards the Sustainable Development Goals by contributing to national surveys and strengthening sectoral monitoring and information systems, with a focus on disaggregating data by gender, age, administrative levels and wealth quintile. In-depth analysis of household surveys and triangulation with qualitative and administrative data will produce strong evidence on the situation of women and children and on equity, gender and knowledge gaps. Under government leadership, the country programme will contribute to the monitoring and evaluation mechanisms of the Strategy for Accelerated Growth and Shared Prosperity and of other sectoral policies and plans. The monitoring, evaluation, and oversight functions and responsibilities of public institutions, including parliamentary institutions, universities and civil society, will be strengthened.

41. The programme will support, with other United Nations agencies and partners, the operationalization of subnational monitoring in targeted intervention areas to enable the collection of real-time data on progress against expected results and provide insight into the effectiveness and sustainability of interventions.

Annex

Results and resources framework

Mauritania – UNICEF country programme of cooperation, March 2018–December 2022

Convention on the Rights of the Child: articles 4, 6, 7, 8, 9–10, 12, 13, 16, 18, 19, 20, 21, 23, 24, 25, 26, 27, 28, 29, 31, 32, 35–37, 39–40

National priorities: (2016–2030): Strategy for Accelerated Growth and Shared Prosperity (SCAPP): strategic pillars 2 and 3: Developing human capital and access to basic social services and Strengthening governance in all its dimensions

UNDAF outcomes involving UNICEF:
Strategic priority 2 (Human capital), outcomes 1, 2 and 3; strategic priority 3 (Governance), outcomes 3 and 4

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNDAF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2022, more teenage girls, pregnant and breastfeeding women, and children under 5 years of age living in priority intervention areas have access to and use high-impact, high-quality health and nutrition services that also encourage the adoption of good health and nutrition practices	1. Percentage of live births of women (< 20 years) attended by a skilled health provider, disaggregated by region B: 33% T: 45%	Multiple indicator cluster survey (MICS)	1. Health centres and referral hospitals in priority districts offer a package of health services to adolescents and provide essential care and treatment for pregnant women and newborns 2. Community stakeholders in at least 30 priority districts are able to promote good practices for infant and young child feeding and hygiene and sanitation and to seek care and advice from health services, if required 3. The Ministry of Health (MoH) has the capacity to improve vaccination coverage, particularly in the poorest-performing districts 4. Stakeholders involved in	MoH Ministries of the Economy and Finance (MEF); Social Affairs, Children and the Family (MASEF); National Education (MNE); Agriculture, Livestock; and Commerce, Industry and Tourism Civil society organizations (CSOs)	2 053	15 907	17 960
	2. Percentage of children (0–5 months) exclusively breastfed, disaggregated by region B: 36% T: 60%	Standardized Monitoring and Assessment of Relief and Transitions					
	3. Percentage of children (6–23 months) receiving minimum acceptable diet, disaggregated by region B: 22% T: 35%						

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
			combating micronutrient deficiencies are able to implement appropriate strategies for providing children with adequate micronutrient intake 5. Health-care facilities and community health workers in priority areas have improved capacity and access to medical supplies and equipment to adequately treat severe acute malnutrition and common childhood illnesses				
2. By 2022, more public and community facilities in priority intervention areas offer children aged 3 to 17 years better learning opportunities	1. Rate of net enrolment in primary education for children (6–11 years), disaggregated by sex and region B: 75% (Boys (B)-74%, Girls (G)-77%) T: 80% (B-80%, G-80%)	Education Management and Information System, Statistic Yearbook	1. Government and community stakeholders have increased capacity to care for children (3–5 years) in facilities that meet quality standards 2. Stakeholders at the central and decentralized levels have the technical capacity to provide continuity of learning, particularly for girls, in line with quality standards 3. A functional intersectoral support system is introduced to guide out-of-school boys and girls and to help them to catch up	MASEF Ministry of Islamic Affairs and Traditional Education MNF MoH Community associations World Food Programme United Nations High Commissioner for Refugees Global Partnership for Education World Bank (WB)	1 973	6 850	8 823
	2. Primary education completion rate, disaggregated by sex and region B: 80% (B-78%, G-82%) T: 85% (B-83%, G-87%)						
	3. Rate of transition to public lower-secondary education, disaggregated by sex and region B: 51% (B-54%, G-48%); T: 60% (B-60%, G- 60%)						
	4. Preschool attendance rate B: 12% T: 15%						
3. By 2022, more girls	1. Percentage of girls and	MICS	1. National institutions have the	Ministry of the	1 992	4 580	6 572

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
and boys living in priority intervention areas, including the most vulnerable, are registered and protected against violence, abuse, child marriage and FGM/C	boys (1–14 years) who have experienced violent disciplinary practices by an adult member of the household during the past month B: 80.1% (B), 80% (G) T: 75% (B and G)		skills and capacities to plan, budget and coordinate a systemic response to effectively protect girls and boys. 2. Service providers and local stakeholders in targeted areas have the capacity to prevent, identify, refer and care for children at risk or victims of violence and abuse, including in emergency situations. 3. Adolescents, families and communities in target areas have the knowledge and skills to adopt non-violent disciplinary methods, register their children at birth and renounce FGM/C and child marriage.	Interior and Decentralization National Agency for Population Registration and Secure Documents MASEF MoH CSOs			
	2. Percentage of girls (0–14 years) who have undergone FGM/C B: 53.2% T: 47%						
	3. Percentage of women (20–24 years) married before the age of 18 years B: 37% T: 35%						
	4. Percentage of children (0–5 years) whose births are registered B: 58% T: 63%						
4. By 2022, the most vulnerable populations in priority intervention areas end open defecation, adopt good hygiene practices and have secure and sustainable access to drinking-water services	1. Proportion of population using improved drinking water source B: 62% T: 75%	MICS; WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation	1. The most vulnerable populations in priority intervention areas have secure access to drinking water and sanitation services and increased knowledge for improving their hygiene conditions. 2. In priority intervention areas, users of health centres and students attending school have adequate access to safe drinking water and quality hygiene and sanitation facilities on those premises. 3. Authorities responsible for the	Ministry of Water and Sanitation MEF MoH CSOs Technical and financial partners	1 462	11 380	12 842
	2. Proportion of population practising open defecation B: 38.8% T: 0%						

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome, regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
			WASH sector have greater capacity to effectively manage and coordinate the sector at all levels, including in emergency situations				
5. By 2022, administrations in charge of social sectors have equity-sensitive programming, budgetary frameworks and functional coordination, monitoring and evaluation mechanisms at the national and local levels	1. Percentage of public budget allocations in health, education and social protection benefiting vulnerable girls and boys in priority areas B: < 20% T: 25%	Finance law	1. Disaggregated data and analysis on children's multidimensional poverty, vulnerabilities and well-being are available to decision makers and communities for the regular monitoring of the achievement of outcomes, particularly those under the SCAPP 2. Mauritania has a well-coordinated, monitored and integrated national social protection programme for equitable access to high-quality basic social services for girls and boys in the most vulnerable areas 3. The ministries in charge of the economy, finance and social sectors have the tools and skills to manage budget processes, including budget formulation, allocation and spending, and to more effectively address child poverty and inequality	MEF MoH MASEF International Monetary Fund WB Regional authorities CSOs	2 000	2 250	4 250
	2. Functional SCAPP monitoring, evaluation and coordination mechanism in target regions B: No T: Yes	Steering/follow-up committees' reports					
6. By 2022, the country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children	1. Number of strategic partnerships and/or opportunities for advocacy developed B: 10 (2016) T: 20 (2022)	Memorandum of understanding, press articles	1. UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage the programme 2. UNICEF staff and partners are provided tools, guidance and resources to improve communications on children's-	Private sector Media Parliamentarians Religious leaders	4 335	4 033	8 368
	2. Percentage of planned resources mobilized for the programme	InSight (UNICEF performance management					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome, regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
	B: 75% (2016) T: 80% (2022)	system)	rights issues 3. UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor the programme 4. Cross-cutting strategies for supply and integrated implementation are developed and put into practice to support achieving results for children 5. UNICEF staff and partners are provided guidance, tools and resources to effectively advocate for and establish partnerships focused on children's rights 6. UNICEF staff and partners are provided guidance, tools and resources to better promote community participation and essential family practices				
	3. Percentage of direct cash transfers pending liquidation for more than nine months B: 0.6% (2016) T: 0% (2022)	UNICEF reports					
Total resources					**13 815**	**45 000**	**58 815**